

**APPLICATION FOR REPLACEMENT OF  
DISABLED RESIDENT LIFETIME LICENSE OR  
SALTWATER LIFETIME LICENSE**

Fee: \$5.00 per card

Please check which type of Lifetime License you were issued:

\_\_\_\_\_ Disabled Resident      \_\_\_\_\_ Disabled Resident Veteran      \_\_\_\_\_ Saltwater

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth                      Daytime Telephone Number

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
Date

By signing this application, I certify that the information on this application is true and correct. Any person who knowingly makes a false statement in order to secure a license shall be guilty of a Class 2 misdemeanor, punishable by up to 6 months in jail, a fine of up to \$1,000.00, or both.

Mail completed application and check or money order for \$5.00 made out to "Treasurer of Virginia" to:

Lifetime Licenses Section  
Virginia Department of Game and Inland Fisheries  
P. O. Box 11104                      Voice 804-367-1000  
Richmond, VA 23230-1104                      TDD (for hearing impaired) 804-367-1278